

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL
PRACTICES COVER PAGE

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BOARD OF SUPERVISORS
SUTTER COUNTY

Please type or print in ink

2011 FEB 15 AM 11:19

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GALLAGHER JAMES M.

1. Office, Agency, or Court

Agency Name

SUTTER COUNTY

Division, Board, Department, District, if applicable

BOARD OF SUPERVISORS

Your Position

DISTRICT 5

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHED LIST

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☒ Multi-County SUTTER, BUTTE, SACRAMENTO

☒ County of SUTTER

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that th

Date Signed 2-11-11
(month, day, year)

Signature

FORM 700 – ANNUAL STATEMENT
January 1, 2010 – December 31, 2010

JAMES GALLAGHER

Committee Member

Gilsizer
LAFCO
SAFCA
Sutter Butte Flood Control Agency

Committee Member – Alternate

Feather River Air Quality Management District

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name JAMES GALLAGHER

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name JAMES GALLAGHER

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE REGIONAL COUNCIL OF RURAL COUNTIES	
ADDRESS (Business Address Acceptable) 1215 K STREET, SUITE 1650	
CITY AND STATE SACRAMENTO, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 175.28 <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: MEAL EXPENSES RELATED TO ANNUAL DINNERS HELD FOR RCRC	

▶ NAME OF SOURCE CATHOLIC HEALTHCARE WEST	
ADDRESS (Business Address Acceptable) 3400 DATA DRIVE	
CITY AND STATE RANCHO CORDOVA, CA 95670	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 04 / 18 / 10 - / / AMT: \$ 43.52 <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: ATTENDANCE AT A BRUNCH HELD DURING THE METRO CHAMBER'S 2010 CAP TO CAP PROGRAM	

▶ NAME OF SOURCE MONTNA FARMS	
ADDRESS (Business Address Acceptable) 12755 GARDEN HIGHWAY	
CITY AND STATE YUBA CITY, CA 95991	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 12 / 01 / 10 - 12 / 31 / 10 AMT: \$ 15.00 <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: GIFT BOX	

▶ NAME OF SOURCE TEICHERT/SUTTER HEALTH	
ADDRESS (Business Address Acceptable) 3500 AMERICAN RIVER DRIVE	
CITY AND STATE SACRAMENTO, CA 95864	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 04 / 01 / 10 - 04 / 30 / 10 AMT: \$ 36.00 <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: ATTENDANCE AT A DINNER HELD DURING THE METRO CHAMBER'S 2010 CAP TO CAP PROGRAM	

Comments: _____